FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden hours per form..... 16.00

SEC USE ONLY

Prefix Serial

DATE RECIEVED

Name of Offering (☐ check if this is an amendment and name	e has changed, and indicate change	e.)
Filing Under (Check box(es) that apply): □ Rule 504 Rule Type of Filing: ☑ New Filing □Amendment	505 ⊠ Rule 506 Section 4(6) □	ULOE
A. 1	BASIC IDENTIFICATION DA	/ (##iii ##iii
Enter the information requested about the issuer		07083362
Name of Issuer (check if this is an amendment and name homniReliant Holdings, Inc.	as changed, and indicate change.)	
Address of Executive Offices (Number and 4218 West Linebaugh Avenue, Tampa, Florida 33624	Street, City, State, Zip Code)	Telephone Number (Including Area Code) (813) 885-5998
Address of Principal Business Operations (Number and (if different from Executive Offices)	Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business We are engaged in the creation, design, distribution, and s	sale of affordable luxury produc	ts.
Type of Business Organization ; Corporation limited partnership already formed business trust limited partnership, to be formed	☐ other (please specif	,,
Actual or Estimated Date of Incorporation or Organization:	Month Year 0 6 0 4	NOV 2 3 2007 NOV 2 3 2007 THOMSON FINANCIAL
•	etter U.S. Postal Service abbreviat da; FN for other foreign jurisdiction	ion for State: NV
GENERAL INSTRUCTIONS Federal:		5 / 4/0 17 CPD 220 FOL

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.b State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA
 2. Enter the information requested for the following: □ Each promoter of the issuer, if the issuer has been organized within the past five years; □ Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; □ Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and □ Each general and managing partner of partnership issuers.
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☑ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual) Morrison, Paul
Business or Residence Address (Number and Street, City, State, Zip Code) c/o OmniReliant Holdings, Inc., 4902 Eisenhower Blvd., Suite 185, Tampa, FL 33634
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Phillips, Christopher
Business or Residence Address (Number and Street, City, State, Zip Code) c/o OmniReliant Holdings, Inc., 4902 Eisenhower Blvd., Suite 185, Tampa, FL 33634
Check Box(es) that Apply: ☐ Promoter 🗵 Beneficial Owner ☐ Executive Officer 🖾 Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual) Harrington, Kevin
Business or Residence Address (Number and Street, City, State, Zip Code) c/o OmniReliant Holdings, Inc., 4902 Eisenhower Blvd., Suite 185, Tampa, FL 33634
Check Box(es) that Apply: \square Promoter \square Beneficial Owner \square Executive Officer \square Director \square General and/or Managing Partner
Full Name (Last name first, if individual) Harrington, Tim
Business or Residence Address (Number and Street, City, State, Zip Code) c/o OmniReliant Holdings, Inc., 4902 Eisenhower Blvd., Suite 185, Tampa, FL 33634
Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer
Full Name (Last name first, if individual) Lallouz, Lucien
Business or Residence Address (Number and Street, City, State, Zip Code) c/o OmniReliant Holdings, Inc., 4902 Eisenhower Blvd., Suite 185, Tampa, FL 33634
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual) Diamond, Richard
Business or Residence Address (Number and Street, City, State, Zip Code) c/o OmniReliant Holdings, Inc., 4902 Eisenhower Blvd., Suite 185, Tampa, FL 33634
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual) ZTZ Trust, Inc.
Business or Residence Address (Number and Street, City, State, Zip Code) c/o OmniReliant Holdings, Inc., 4902 Eisenhower Blvd., Suite 185, Tampa, FL 33634

A. BASIC IDENTIFICATION DATA									
 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner									
Full Name (Last name first, if individual) Apogee Financial Investments, Inc.									
Business or Residence Address (Number and Street, City, State, Zip Code) c/o OmniReliant Holdings, Inc., 4902 Eisenhower Blvd., Suite 185, Tampa, FL 33634									
Check Box(es) that Apply: ☐ Promoter									
Full Name (Last name first, if individual) KRH Licensing Company, LLC									
Business or Residence Address (Number and Street, City, State, Zip Code) c/o OmniReliant Holdings, Inc., 4902 Eisenhower Blvd., Suite 185, Tampa, FL 33634									
Check Box(es) that Apply: ☐ Promoter									
Full Name (Last name first, if individual) FAMALOM, LLC									
Business or Residence Address (Number and Street, City, State, Zip Code) c/o OmniReliant Holdings, Inc., 4902 Eisenhower Blvd., Suite 185, Tampa, FL 33634									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner									
Full Name (Last name first, if individual) Diamond, Deecembra									
Business or Residence Address (Number and Street, City, State, Zip Code) c/o OmniReliant Holdings, Inc., 4902 Eisenhower Blvd., Suite 185, Tampa, FL 33634									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner									
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(cs) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner									
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner									
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									

				,									
- ,					B. IN	NFORMA	ATION A	BOUT OF	FERING				
l, Has the	issuer sold	d, or does	the issuer	intend to	sell, to no	n-accredi	ted investo	ors in this	offering?				
	No. Answer also in Appendix, Column 2, if filing under ULOE.												
2. What is the minimum investment that will be accented from any individual?													
MA													
3. Does the	3. Does the offering permit joint ownership of a single unit? Yes.												
commission person to be states, list t	or similar e listed is he name o	r remuner an associ of the bro	ation for so ated perso ker or dea	olicitation n or agen ler. If mo	of purcha t of a brok re than fiv	sers in cor ter or deal te (5) pers	nnection w er register ons to be	ith sales of ed with the listed are	f securities e SEC and	in the offc l/or with a	ring. If a state or		
Full Name ((Last name	e first, if i	ndividual))									
			•			ate, Zip C	ode)		_				•
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				· · · · · · · · · · · · · · · · · · ·	[UI]	[VI]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Business or	Residenc	e Address	s (Number	and Stree	t, City, St	ate, Zip C	ode)						<u>, , , , , , , , , , , , , , , , , , , </u>
Name of As	ssociated I	Broker or	Dealer										
(Check "All S			dual States)			hasers					[] All States	
[IL]	[AK] [IN]	[AZ] [lA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]	
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
Full Name (L	ast name fi	rst, if indiv	idual)			_	_						
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) 4902 Eisenhower Blvd., Suite 185, Tampa, FL 33634 Name of Associated Broker or Dealer: Midtown Partners & Co., LLC States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check 'All States' or check individual States) [] all States [] all St													
Name of As	sociated I	Broker or	Dealer						<u>.</u>				

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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[HI]

[MS] [OR]

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[PA]

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[MD]

[NC]

[VA]

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

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[NH]

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[LA]

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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchange.		
	Type of Securities	Aggregate Offering Price	Amount Already Sold
	Debt		
	Equity		
	□ Common □ Preferred		
	Partnership Interests	. <u></u>	
	Other (Specify) Convertible Preferred Stock and Warrants	\$6,400,000.00	<u>\$6,400,000.00</u>
	Total	\$6,400,000.00	\$6,400,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	2	\$6,400,000.00
		· ————	
	Non-accredited Investors	. <u> </u>	<u>\$0</u>
	Total (for filings under Rule 504 only)	,	
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part $C - Question 1$.	Type of Security	Dollar Amount Sold
	Type of offering	·	
	Rule 505	·	
	Regulation A	·	·
	Rule 504		
	Total		\$0
1	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering.		<u>50</u>
т.	Exclude amounts relating solely to organization expenses of he issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the left of the estimate.		
	Transfer Agent's Fees		
	Printing and Engraving Costs		
	Legal Fees (including Blue Sky Fees)		\$60,000
	Accounting Fees	_	\$00,000
	Engineering Fees	U	
	Sales Commissions (specify finders' fees separately)	ы	\$340,000
	Other Expenses	X	3340,000
		u	
	Total	区	\$400,000

b. Enter the difference between the aggregate offerior total expenses furnished in response to Part C - Q	NUMBER OF INVESTORS, EXPENSES AND Using price given in response to Part C - Question I and puestion 4.a. This difference is the "adjusted gross"	d	PROCEEDS		\$6,000,000	
 Indicate below the amount of the adjusted gross proc purposes shown. If the amount for any purpose is no of the estimate. The total of the payments listed must response to Part C - Question 4.b above. 	t known, furnish an estimate and check the box to the	ne left				
			Payments to Officers, Directors, & Affiliates		Payments To Others	
Salaries and fees				🗆		
Purchase of real estate						
Purchase, rental or leasing and installation of	f machinery and equipment			0		
Construction or leasing of plant buildings ar	nd facilities			□		
	ne value of securities involved in this offering that curities of another Issuer pursuant to a merger).			_ 0		
Repayment of indebtedness				- 🗆		
Working capital				🗵	\$6,000,000	
Other:			<u> </u>			
Column Totals						
Total Payments Listed (column totals	added)		爲	\$6,000,	000	
	D. FEDERAL SIGNATURE					
The issuer has duly caused this notice to be signed by to constitutes an undertaking by the issuer to furnish to the the issuer to any non-accredited investor pursuant to pa	U.S. Securities and Exchange Commission, upon wi	ce is fi	led under Rule quest of its staff	505, the fo , the inform	llowing signature ation furnished by	
ssuer (Print or Type) : OmniReliant Holdings, Inc.	Signature	Date	Date 11/15/07			
Name of Signer (Print or Type): Christopher Phillips	Title of Signer (Print or Type): Interim Chief Executive Officer	,				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

•	•	E. STATE SIGNATURE	
1.			
	S	ee Appendix, Column 5, for state response.	
2.			which this notice is filed, a notice on Form D
3.	The undersigned issuer hereby undertakes to for offerers.	urnish to the state administrators, upon writte	en request, information furnished by the issuer to
4.	Exemption (ULOE) of the state in which this no	otice is filed and understands that the issuer c	
1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule? See Appendix, Column 5, for state response. 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form (17 CFR 239.500) at such times as required by state law. 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the is offerers.	notice to be signed on its behalf by the undersigned		
		Signature	Date 11/15/07
	* ' '	- · · · · · · · · · · · · · · · · · · ·	

Instruction.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

	non-accinvesto	to sell to credited ors in State -Item 1)	Type of security and aggregate offering price offered in State (Part C - Item 1)	Type of inve	stor and amount	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Amount Number of Amount Accredited Investors Investors				Yes	No
AL									
AK									
ΑZ									
AR									
CA									
со									
СТ									
DE									
DC									
FL									
GA									
ні									
ID									
IL									
IN									
lA									
KS									
KY									
LA									
ME									
MD				-					
MA									
MI									
MN									
MS									
МО									

APPENDIX

•	non-ac	to sell to credited ors in State I-Item 1)	Type of security and aggregate offering price offered in State (Part C - Item 1)	Type of inves	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited				No
MT									
NE									
NV									
NH									
NJ						,			
NM									
NY									
NC					i				
ND									
ОН									
ок									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
wv									
WI									
WY									
PR									

^{*} OmniReliant Holdings, Inc. sold \$6,400,000.00 of Series C Convertible Preferred Stock and Warrants to purchase Common Stock to two accredited investors located outside of the United States.

